

MODES OF SERVICE AND SERVICE FUNCTION CODES**MODES OF SERVICE**

Service Function Code	24-Hour 05	Day Services 10	Outpatient 15	Continuing Care 50
10-19	Local Hospital		*Collateral (15/10) Contact (STRP 15/15)	
20-29	Psychiatric Health Facility (PHF)	Crisis Stabilization	Substance Abuse Screening (21-29)	
30-34	Basic Skilled Nursing Facility/ICF	Vocational	*Assessment	
35-39	Intensive Skilled Nursing Facility			
40-44	Crisis Residential 14 days or less	Socialization		Home Visit
45-49	Crisis Residential 15 - 30 days			
50-59	Jail Inpatient	Community Care Facility Augmentation	*Group(15/50) (STRP 15/55)	Residential Care Supplement
60-64	Transitional Residential Onsite	SNF Augmentation	*Medication Support	
65-69	Transitional Residential Offsite			
70-79	Long Term Residential		Crisis Intervention	Forensic Emergency Transportation
80-84	Semi-Supervised Living	Day Treatment Intensive (81-84 Half Day) (85-89 Full Day)	*Forensic (15/80) Individual (STRP 15/85) Contact	
85-89	* Life Support/ Independent Living			
90-99	*Life Support/ Residential Care Home	Day Rehabilitative (91-94 Half Day) (95-99 Full Day)		

*(Turn page over for other specific Service Function Codes.)

CONDITIONAL RELEASE PROGRAM

*** SPECIFIC SERVICE FUNCTION CODES**

<u>Life Support: Independent Living</u>		<u>Assessment</u>	
05/85	Own Household	15/30	Annual Case Review (Core Service)
05/86	Own Household; without cooking facilities	15/31	BPFQ
05/87	Reduced Needs; household of another with in-kind Room & Board	15/32	Standardized Protocol Assessments
05/88	Non Medical Out of Home Care; household of relative <i>with</i> in-kind Room & Board	15/33-38	Other Psychological Testing
05/89	Non Medical Out of Home Care; household of relative <i>without</i> in-kind Room & Board	15/39	Neuropsychological Testing
<u>Life Support: Residential Care Home</u>		<u>Medication Support</u>	
05/90	Non Medical Out of Home Care in Licensed Facility or household of relative without in-kind Room & Board	<u>Clozapine Services</u>	
		15/68	Registration of patient in Clozapine National Registry
		15/69	All other Clozapine Treatment System (CTS) services
<u>Group</u>		<u>Statewide Transitional Residential Programs</u>	
15/58	Substitution for regular group contact (e.g. Self-help groups, AA, NA, etc.)	15/15	Residential Collateral Contact
		15/55	Residential Group Activity
		15/85	Residential Individual Contact

BILLING UNITS

<u>Mode</u>	
05	One (1) day for any 24hr period or fraction of a 24hr period.
** 24 hr Service	
10	One (1) day, except for:
** Day Service	<u>Crisis Stabilization</u> -- Four (4) hr blocks of time, services for less than two (2) hours duration cannot be billed as Crisis Stabilization.
	<u>Day Treatment Intensive</u> -- Half Day (4 or less hrs) or Full Day (4+hrs)
	<u>Day Rehabilitative</u> -- Half Day (4 or less hrs) or Full Day (4+hrs)
15	One (1) contact of appropriate length as described in each definition except:
Outpatient	<u>Medication Support</u> -- Each minute of service provided.
	<u>Crisis Intervention</u> -- Each minute of service provided.
	** The day of admission may be billed, but not the day of discharge.

SERVICE DEFINITIONS: Please see the following referenced manual sections for definitions of CONREP treatment services.

Section 1340: CORE SERVICES
 Section 1350: SUPPLEMENTAL SERVICES
 Section 1520: CLOZAPINE TREATMENT
 Section 1610: ASSESSMENT SERVICES